

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. III.

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THE KENTUCKY STATE MEDICAL SOCIETY.

The Kentucky State Medical Society meets in this city on Tuesday, April 3d, and will continue its sessions for three days. It will no doubt be a most successful meeting. The committee of arrangements have been actively engaged, and every thing is already prepared for the reception of the members who are to be guests of the profession of the city. Let the meeting be truly representative in its character, and include men from the Big Sandy to the Mississippi, from the Ohio to the Tennessee line. No man will lose by a spring holiday; he will be all the stronger and better equipped for his work by a hand-shake and head-shake with his brethren. The society grows in favor, but it never has been what it should be—the trysting to which *every* doctor in the state should annually repair. Papers on important subjects have been carefully prepared, an excellent hall for meeting (not an unimportant item) has been selected, the usual hotel and railway abatements have been secured, and lastly, although by formal vote of the society at its last meeting the usual banquet is forbidden, the citizens of Louisville will not allow visitors to leave without tasting of their cheer. From the profuse offers made to the committee of arrangements by a number of gentlemen of the city, they have accepted three, and the society will be entertained each evening during its stay.

to English surgery, which is only just; but he also gives a fair representation of the surgery of America." It is strange how he could have fallen into the mistake regarding the nativity of Prof. Gross. He was born in Pennsylvania, and is an intense American. When our sculptor Palmer was asked when he intended to visit Italy, he said: "When I have exhausted nature in my own country." Prof. Gross came very near acting upon the same philosophy. His first trip beyond the water was not made until '69 or '70—twenty years after he had obtained a world-wide reputation. His second trip was in 1872, when he went to receive the D. C. L. of Oxford. This degree (which may have misled the reviewer) was conferred upon him "as the representative surgeon of America," after a canvass of opinion which lasted several years.

Not only is Prof. Gross the representative of American surgery, but American surgeons are more indebted to him than to any other man. In his abundant bibliography and biography he has endeavored to the utmost to preserve the records of men who have illustrated the art in this country, not alone by excerpts of writings already published, but by laborious investigation of the unwritten chapters of surgery. His report upon surgery to the Kentucky Medical Society, while he was a resident of this state, is a wonderful monument of patience, industry, and patriotic zeal for the glory of his art. We doubt not that Prof. Gross would himself gladly revise his "Century of American Surgery," and make such additions to it as seems to be demanded not more by the fair criticism it has received than his own discernment after viewing his produc-

A REVIEWER of "A Century in American Medicine," in the Chicago Medical Journal and Examiner, remarks: "Prof. Gross, an Englishman himself, gives great prominence

tion when the heat of composition was past. He is the last man to deny the claims of his countrymen; and where this is seemingly done by omission, surely the magnitude of the work before him, and the necessity of condensation, form his excuse.

LOUISVILLE is in such easy communication with "all the world and the rest of mankind" that it is to be hoped that physicians of the neighboring states will find time to attend the meeting of the State Society which is to be held here on the 3d, 4th, and 5th of April. A hearty welcome will certainly be extended to such by profession and people. There should be a hundred at least from Indiana.

WE call attention to a communication in another column from the McDowell Monumental Association. We hope every one will read it, and act on the suggestions it contains. The fund is in the hands of practical men, and they are doing their utmost to bring the work to a successful end. It is superfluous to urge the claims of this work. Recollect that the American Medical Association accorded to the profession of Kentucky the *privilege* of erecting the monument to McDowell, reserving for itself that of perpetuating his memory by other means. He who was such a glory to our profession should not lie in an unmarked grave.

MOST of the medical schools of the country have commenced their spring courses. These are not to be confounded with the spring-and-summer mills which grind out diplomas, to which some reference has been made in previous numbers of this journal. They are intended to fit young men for lectures by tutorial instruction principally, and form the bright feature of our American system. They should be patronized by all students who can afford to embrace the opportunities they offer.

Original.

BLUE GLASS.

The following is the report of the committee composed of Professors S. G. Stevens, Thomas E. Jenkins, and Thomas W. Tobin, to the Polytechnic School of Louisville, upon the effects of blue light upon plants and animals:

To the Academy of Sciences of the Polytechnic Society of Kentucky:

Your committee, appointed to report upon the effects of blue light upon vegetables and animals, would submit the following paper:

It would seem, from a great number of carefully conducted observations upon the action of colored light upon the vegetable organic world, made by competent experimentalists, that no general law can be considered perfectly established. There is, however, one generally recognized fact, that compound or solar light is absolutely indispensable to the healthy growth of the plant immediately it leaves the soil, while, on the contrary, during a germination obscurity or partial absence of light is equally essential. Without light the leaves and stems, although they may develop in size, remain colorless, owing to the non-formation of chlorophyll, and contain in their structure a large amount of water.

From a number of results detailed in the report of the commissioner of agriculture for 1869, and collated from the labors of authentic experimentalists, the average conclusions arrived at indicate that of the three solar rays, blue takes an active part in germination while the seed is yet in the soil, or even above ground. Yellow is the active element in the formation of chlorophyll and deposition of carbon, and therefore in increasing the bulk and strength of the plant, and the red ray induces fructification.

It has been also found that in the solar spectrum the flexion of the stalks of vegetable matter is toward the yellow ray.

In the Annales de Chimie, 1870, the following fact is also recorded by Deherain:

Those rays of the spectrum which act with most energy on prepared photographic paper are they which produce least effect in the decomposition of carbonic acid of plants; while the converse holds good—that is, the yellow and red rays, which do not act sensibly on photographically prepared surfaces, are they which determine the fixation of the carbon, and therefore the increase in the growth of the plants.

It is therefore not determined at present that the blue ray has any defined action on the plant after it leaves the soil.

That solar light, at least under some circumstances, exercises an influence upon animals, we know; but we can not say that it is indispensable to the different phases of their existence as it is for vegetables. Leaving out the question of vision, we find the effects of light more or less marked as we, commencing at the lowest order of animal life, ascend to the top of the scale. Upon infusorial life luminous action is very powerful; it is no doubt true that its effect upon this low order of beings is quite as marked as upon vegetable life. Upon other animals, as the batrachian, this action is less sensible, and when we arrive at the mammifers it is not satisfactorily demonstrated that it plays any important part in the functions of the economy further than to promote the coloration of the skin or its coverings.

Among the lower orders of life there are many species of microscopic animals (called animalculæ, on account of their size) which are developed in stagnant water, under the influence of solar light, which, like vegetables, have the faculty of augmenting, at certain times, the proportion of oxygen contained in the waters in which they exist. On an average the amount of oxygen found dissolved in water freely exposed to the air is thirty to thirty-two per cent of the total gas held in solution. When water, which abounds in these animalculæ, is examined for its gaseous contents, the proportion of oxygen is increased to as much as sixty-one per cent. It has also been noticed that on bright and warm days the proportion of this

gas in water where infusoria abound is much greater than at other times.

Series of experiments made by A. and C. Morren result in showing that the oxygen and carbonic acid gas found dissolved in water are in inverse proportion to each other, and that the water is oxygenated at the expense of the carbonic acid which is decomposed by the green-colored infusoria (*monads* and *volvox*) therein contained. This oxygenation varies in a sensible degree in the short space of twenty-four hours, its minimum being at sunrise, and its maximum at four or five o'clock P.M. In cloudy, cold, and rainy weather this regular succession disappears. If the animalculæ disappear the excess of oxygenation disappears with them. We may conclude from this that green animalculæ, like the green of plants, liberate oxygen under the influence of light. As to the active rays in bringing about this result, it appears they are comprised in the less refrangible part of the spectrum, while the blue and violet rays are without influence.

Rising from this low order of creatures, we arrive at the batrachians. Here we find that Moleschott has studied the respiration in frogs under the influence of light more or less intense, and measured the quantity of carbonic acid exhaled. He inclosed some of his frogs in obscure places, while others were freely exposed to the light. The mean of a great number of experiments shows that the weight of carbonic acid produced by the animals kept in obscurity was to that exhaled by those freely exposed to light as 100 to 125. The general conclusions arrived at by him are as follows:

1. Equal weights of frogs in equal times exhale one twelfth to one quarter more carbonic acid when they breathe in the influence of light than when in obscurity, the temperature being about the same.
2. The proportion of carbonic acid increases in a direct ratio with the intensity of the light to which the animals are exposed.
3. The influence which the light exercises in augmenting the quantity of carbonic acid

is transmitted partly by the eyes and partly by the skin.

M. Beclard submitted various animals to the influence of light under different colored bell jars. He observed that with birds and small mammals, such as mice, whose skins are covered with feathers or hair, and where the light could not strike the surface of the skin, no augmentation or diminution of carbonic acid took place; but with frogs, whose skin is naked, and whose cutaneous respiration is active, the results were different: under the influence of the green ray equal weight of frogs in equal times gave more carbonic acid than when exposed under the red ray; but, strange to say, when the frogs were skinned the results were reversed. He exposed eggs of the *musca carnaria* (house fly) under jars of different colors, and found that larvae were hatched under all; but after the lapse of several days, on comparing them, he found that their development was very different, those under the blue and violet being the most developed, while those under the colorless jars, as well as the red, yellow, and green, were much less so, those under the blue and violet being three times as large as the others.

Some observers state that the tadpole will not be developed into a frog when kept in darkness. There is not perfect unanimity on this point, however.

It is to be noticed that the feathery and hairy coats of birds and mammals are darker on the back than on the belly.

The brown coloration of the skin, which is observed in persons exposed to the sun, is due to the action of the light, and not to the heat.

The erythema of sunstroke is produced not by great elevation of temperature, but by excessive insolation; for there have been many cases observed in spring-time, when the temperature was not high. Some other kinds of light may produce the same effect; the voltaic arc, when it is produced by a very powerful battery, gives rise to an erythema similar to, if not identical with, that produced by the sun, which goes far to show

that this affection is due to the influence of the light.

The violet or ultra violet appears to be the part of the spectrum which gives rise to this effect.

The action of light on the skin, as well as most of the chemical action produced by it upon organic matter, appears to be owing principally to the more refrangible rays.

RESULTS.

The results of these experiments, extending over more than half a century, seem to your committee to establish the following principles:

1. Solar light which has been transmitted through blue glass has a decided effect in hastening the germination of seeds beyond that of any other color, or even of compound or white light.

2. Blue light, or any other which has been deprived of the yellow or red rays, obstructs the action of the green parts of plants, or, more properly, fails to sustain such action, so that the plant will not flourish under their peculiar influence.

3. The action of infusorial animals resembles that of vegetables, consisting in the decomposition of carbon dioxide, and not the oxidation of carbon; and correspondingly blue light does not promote it, while yellow, red, and white light do.

4. The action of the growing larvae of insects resembles that of the seeds and roots of plants—namely, the *forming* of carbon dioxide, not its decomposition—and correspondingly, at least in the cases investigated, blue light decidedly *promotes* this action.

5. The effect of blue light upon animals which respire through the skin is to increase the amount of carbon dioxide produced.

6. Upon warm-blooded animals which are covered with hair or feathers no peculiar effects of blue light have been demonstrated. Some experimenters of high scientific repute affirm that no effects are produced by it. Your committee is not prepared to pass upon various newspaper articles lately published upon the subject.

7. The foregoing principles, if established,

seem to point toward the following generalization, to wit:

Whatever vital action results in the formation of carbonic-acid gas seems to be augmented by the blue and violet rays of the spectrum; and whatever vital action results in the decomposition of carbonic-acid gas and the fixation of carbon is augmented by the luminous and calorific rays exclusively.

If this last proposition (which is put forth with some hesitation) were demonstrated, it would not seem antecedently very improbable that blue light falling upon the skin may produce hygienic effects; for, first, carbon dioxide, though removed from the system through the lungs, is formed throughout the whole body; second, blue light does promote the germination of seeds which are covered with soil, and why not act through the cuticle, especially if a flow of blood to the surface be induced?

If experiments should prove that effects are so produced, the probabilities are that upon certain diseases they would prove useful and upon others injurious. While the stimulation of internal combustion may prove useful in some complaints, it will almost certainly be hurtful in others.

From all the above it is plain that there is abundant room for further experimental investigation; but multiplied and even costly experiments may prove simply a waste of time and expense unless properly conducted. We would respectfully suggest the following hints as tending to secure valuable results:

1. The investigator must absolutely divest himself of all bias, and determine to see and report the *exact facts*, and nothing but the facts; in other words, he must have no favorite theories to establish whatever.

2. State the name of the city or place where experiments are conducted.

3. In what direction of the compass the window is placed, and whether the panes are upright or slanting, as in skylights.

4. The time of day and the duration of the observations.

5. The age, sex, and constitution of the subject.

6. The color and shade of the glass employed.

7. Readings of the barometer and thermometer.

8. The condition of animal or person in point of health, and nature of complaint, if any.

9. The result in detail.

In view of further investigations, the council of the Polytechnic Society will be pleased, and further cordially invite all those having witnessed well-grounded and reliable results obtained directly from the use of blue light, to send such accounts in detail addressed to the society.

Respectfully submitted.

S. G. STEVENS,

THOS. E. JENKINS,

THOS. W. TOBIN,

Committee.

LARYNGEAL PHthisis AND ITS RELATIONS TO LIFE INSURANCE.

BY M. F. COOMES, M. D.,

*Demonstrator of Anatomy in Hospital College of Medicine,
Junior Surgeon to Louisville Eye and Ear Infirmary.*

In number thirty-four, second volume of the News, its readers may remember the article that I wrote on Laryngeal Phthisis, etc. As before stated, this and phthisis pulmonalis are so closely connected as to be almost inseparable, and in consequence of that fact I shall have to deal with the latter disease to a certain extent.

It is a well-known fact that cough is one of the most common symptoms of pulmonary phthisis, and that laryngeal phthisis scarcely or very rarely ever occurs as an independent affection; but on the contrary, it is accompanied by tubercular disease of the lungs.

The two diseases which are most destructive to the adults of the human race are the two which most frequently affect the larynx, viz., tuberculosis and syphilis. Of the latter of these I shall attempt to give no statistics, as it is impossible to get at any thing like a correct estimate. Statistics show that in England, from 1852 to 1871, the deaths from

all causes were 10,488,610, and of that number 1,364,914 died from tubercular disease.

A comparative table of deaths of eight life insurance companies, made by A. H. Snell in a report of the Gresham Life Assurance Society, London, 1868, shows that the deaths from all causes in the eight companies for a certain length of time were 13,793, and of that number 1,839 were caused by tubercular disease. The above statistics show that the mortality from this one cause alone amounts to at least one tenth of all the deaths of both insured and uninsured.

In a report for the year 1850, showing the comparative mortality of whites and blacks in the United States from diseases mentioned in the life insurance applications, the deaths from all causes were 153,916, and of that number 70,893 were caused by consumption. This certainly is a very large percentage, being a little less than one half of the whole number.

As before stated, phthisis and syphilis, in some cases, may be detected in the larynx when it can not be seen in any other structure of the body. When the larynx is affected by incipient phthisis, or syphilis in its later stages, the appearances presented by the vocal cords, epiglottis, and surrounding tissues are peculiar to those two forms of disease; and at the same time it is not always possible to say positively whether the pathological and physiological changes presented are due to the one or the other of these two maladies; but the evidence is sufficient to enable the observer to make his diagnosis with a good deal of certainty—enough, at all events, to confine it to one of the above-mentioned diseases.

When the membrane covering the vocal cords is congested, or when the epiglottis is abnormally red, thickened, and indurated, with or without cough, and at the same time there is nothing to account for any of these morbid changes—that is, there are no other physical signs which might serve as a guide—it is more than probable that the patient is suffering from incipient phthisis or tertiary syphilis. The above holds good as a rule;

and this being the fact, the managers of life insurance companies and those who are particularly interested in that business, and insist upon such rigid examinations of applicants for policies, would save money by having their examinations made complete. I see no reason why any organ of the body should be overlooked in making an examination for life insurance; it is nothing but justice to the policy-holders of every mutual life insurance company. I know individuals who are insured in some of the best companies in the United States, that are suffering with chronic suppurative inflammation of the middle ear, an affection that is liable to result in abscess of the brain, which is inevitably fatal. The ears were diseased at the time the policy was issued. This is digressing from the subject a little; but I can not refrain from mentioning the fact in this connection, as it does seem to me very unjust that one individual who is suffering from an affection that is liable to end in death at any time should be allowed his risk upon the same terms as those of a healthy individual.

I have no idea that there ever was an applicant in America that had his larynx, eyes, or ears examined when making application for a policy. No intelligent physician will or can deny the importance of such an examination, since both the retina and larynx may be taken as important indices to certain affections of other organs, and many of them vital.

In conclusion, I may say that, in order that none but sound individuals be admitted into the insurance companies, it is necessary to make use of every means at the disposal of the medical profession, from chemical and microscopical analysis of the urine and other excreta to that of simple ocular inspection of the body.

LOUISVILLE.

THE Phenomenon has abolished clinical teaching (what it had of it) as hurtful. It will follow suit with dissections. Fourteen (?) subjects graced its tables during the winter.

Correspondence.

THE M'DOWELL MONUMENTAL FUND.

To the Editor of the Medical News:

In view of the near approach of the annual meeting of the Kentucky State Medical Society, it is desired by the undersigned committee of the society to call the attention of members, and of the profession generally throughout the state, to the McDowell Monumental Fund.

The resolutions of the American Medical Association, which established the McDowell Memorial in the form of a Prize Essay Fund, left to the profession of Kentucky the work of placing something over the remains of McDowell to mark the resting-place of the "father of ovariotomy," and to indicate to the world the nature of his achievements. Since the appointment of the undersigned committee at the last meeting of the Kentucky State Medical Society subscriptions have been sought, and several hundred dollars are now in the hands of the committee. But there is not yet a sufficiency to remove the remains of McDowell from the neglected family burying-ground to Danville (the scene of his labors), and to place over his grave such a memorial as will do honor to his memory and credit to the profession of Kentucky.

The committee recognizes the danger of prolonged delay in this matter, and desires to urge upon the profession of the state the necessity for prompt action. It is contemplated to proceed with the work immediately after the meeting of the society in Louisville, should it be simply to the erection of a humble stone with inscription, which the means at present in the hands of the committee will barely accomplish. The committee appeals to every member of the society who will attend the Louisville meeting on the first Tuesday of next month (April) to go prepared to contribute something, though it be a mite, to the fund; and to the profession throughout the entire state it appeals for contributions.

If every member of the profession who cultivates professional pride and honor will render some support, however little it may be, to this work, and will do so promptly, the committee can proceed to complete its duties in a satisfactory manner. If neglected at this time the committee will be unable to erect a suitable and worthy shaft with inscription, and probably will scarcely be enabled, with the sum now in hand, to place more than a simple head-stone at the grave of one whose memory is honored throughout the civilized world.

Arrangements will be made for the receipt of subscriptions during the sessions of the society in Louisville, and remittances made at any time to the treasurer, Dr. Turner Anderson, Louisville, Ky., will be promptly acknowledged.

L. S. McMURTRY, M.D., Danville, Chairman,
J. H. LETCHER, M.D., Henderson,
TURNER ANDERSON, M.D., Louisville, Treas.,
H. M. SKILLMAN, M.D., Lexington,
J. W. THOMPSON, M.D., Paducah,

Committee.

DANVILLE, Ky., March 10, 1877.

Reviews.

The Use of Uterine Supporters. By CLIFTON E. WING, M. D., Boston. Read before the Norfolk District Medical Society.

This is an interesting brochure of eight pages, containing a defense of the pessary, a notice of some of the varieties in use, but mainly elucidating the text, "every man to his trade." Dr. Wing certainly makes an able demonstration of the proposition that the failure of the pessary is in the vast majority of instances due to the physician using it, and not to the instrument. We can understand very well what he says in regard to mistakes resulting from outsiders invading the realm of gynaecology, for we have seen what a brilliant showing these gentlemen—including many who practice especially the fine art of womb-hoisting—make in other fields foreign to their genius. We append the following extract:

"But the secret of success with pessaries lies not so much in the kind which is employed, for a variety which is proper for a given case may be improper for the next, but in accurately fitting the supporter to the patient, and herein is the explanation of the fact that so many of the profession as well as the laity denounce their use. It is the exception, however many different pessaries are kept on hand, that one can be found which without some alteration in shape will properly fit a patient. Unfortunately, the applying of a supporter is an art only to be acquired by practice rather than a science which can be learned from rules. I do not hesitate to affirm that there is more special knowledge, skill, and experience required to properly fit a supporter in many cases which present than in performing most of the operations of uterine surgery; yet practitioners who are unwilling even to pass the sound to learn the direction of the uterine canal have no hesitation in inserting pessaries at hap-hazard, having any thing but a clear idea of how they support the womb or how they should lie in the vagina; and after a few trials of this kind they consider themselves experts, and think they have proven by experience that pessaries are worse than useless, and conscientiously warn patients against them. I have known such men to dispute as to which was the upper end of a common Hodge's pessary, neither knowing enough of the subject to be sure that he was right or convince the other that he was wrong. Indeed the number of physicians whose knowledge of gynaecology is limited to some such experience as the above, who consider themselves especially fitted to treat uterine cases, is astonishing. It is the exception rather than the rule not to learn from the patient that her physician has given special attention to female complaints. Could the result of treatment be as apparent here as with some other specialties—that of the eye for instance—there would speedily be a revolution in the practice.

"Physicians of the present day do not attempt to provide their patients with false teeth, but refer them to the dentist whose constant practice in his specialty renders him expert; yet it is an easier matter to fit the plate to the mouth than to apply the uterine supporter; for in the first case the operator can take a perfect cast of the parts, and work from that. But it is not alone necessary that whoever attempts to use a pessary possess the mechanical skill and tact to fit it nicely; he must be able to judge when its use is proper and necessary, and when it is not. For example, an attempt to use a pessary if cellulitis or pelvic peritonitis be present (and it requires an educated touch to discover a localized subacute inflammation in the pelvis) may result in the death of the patient. On the other hand I have seen instances in which the tenderness of the womb and adjacent parts, due entirely to congestion caused by displacement, has been mistaken for inflammation; and pa-

tients have been uselessly kept in bed and told they could not wear a pessary, when this was exactly what was needed, as the result showed. I have known a lady to be considered hysterical, dosed with valerian and similar drugs, showered with cold water, and treated with any thing but consideration by her friends, when suffering agony from an ovary jammed between the sacrum and the upper end of a pessary, and bruised with every movement of the body, an accident which the physician had never once suspected."

The paper will well repay perusal, and can no doubt be obtained by application to the author.

Miscellany.

DEATH OF GURDON BUCK, M. D.—The New York Medical Record of the 10th inst. contains an obituary notice of this distinguished surgeon, whose death occurred on March 6th. He was born May 4th, 1807, graduated at the College of Physicians and Surgeons in 1830, and studied abroad in 1835-36. The Record says:

"As a surgeon Dr. Buck was remarkable for boldness in operating and for thoroughness of detail in after-treatment. His patient study of his cases was one of his peculiar traits. To cases of fractures he was particularly attentive, spending not unfrequently the greater part of the day in the wards of the New York Hospital in dressing them. As a result of such painstaking he was enabled to revolutionize the prevailing system of treatment. To his personal study and exertions were due, more, perhaps, than any thing else, the enviable reputation which this hospital so long maintained for the brilliant results of this class of injuries. The improvements which he made in the then existing apparatus are matters of surgical history. His method of treating fractures of the thigh by the weight and pulley was at once recognized by surgeons throughout the civilized world as the establishment of an original principle of the utmost value.

Dr. Buck was not only a bold, but an original operator. The various capital op-

erations which are described in the periodical medical literature of the past thirty-five years abundantly prove the latter statement. Among these, what is now known as Buck's operation for edema of the glottis holds a deservedly high rank. But in no department did he gain more laurels than in autoplasty surgery. His devotion to this branch, during the latter part of his life, amounted to a passion, and his marvelous successes roused in him an enthusiasm which mocked the increasing infirmities of his age and his rapidly declining health. His work on "Contributions to Reparative Surgery," issued only within the last year, fully embodies his remarkable experience, and may be looked upon as the crowning effort of a most notable and distinguished career.

As a man Dr. Buck was noted for his sterling integrity of character, his high sense of professional honor, his consistent Christianity, his charity to the poor, and his quiet devotion to his family. Can more of good be said of any one?

PROF. BARTHOLLOW ON THE DOUBLEBACK-ACTION INCUBATORS.—Said Prof. Barthollow in his remarks at the Ohio Medical College Commencement (Clinic): "Whilst it is true that the honors of this school are not impaired by the shameless sale of diplomas, we can not view with indifference the evil influence to which, in this way, American medicine is exposed. A good illustration of the injury thus wrought is afforded by the rigorous law which is now about to be enacted by the French Assembly. This law, which is intended to regulate the practice of medicine in France, will practically exclude all holders of foreign diplomas, and the reason assigned for such a violation of international comity, is the introduction into France of bogus American diplomas. It is not, therefore, without reason that we raise our voice against the multiplication of colleges, and against the fatal facility of diploma-making. In the new colleges which are now organizing on all sides in the West, there are a number which have two graduating courses in

one year. A student beginning his studies in September may obtain his degree in the following June from one of these institutions. With the increase in numbers of these schools arises a most earnest rivalry. They beat up the country for students, engage in the most degrading personal solicitations, and offer all kinds of inducements to persons to enter upon the study of medicine and to graduate at their schools. In this way the standard of requirement for the doctorate is being lowered to the most disgraceful point. The so-called faculties of these medical colleges are very loud in their professions of devotion to the best interests of the medical profession; they are sticklers for a higher standard of requirement, and they are abusive of all who venture to protest against their methods of wholesale doctor-making."

A NEW INSTRUMENT.—The accompanying cut, which is half size, represents a Eustachian catheter which I invented in 1876. The special advantages claimed for this instrument are: first, that the smooth bulbous tip renders its introduction much easier than any ordinary metal or hard rubber catheter; secondly, its introduction excites much less pain; thirdly, its trumpet end has a screw-thread cut upon it, which retains the piece of rubber-tubing firmly in position when we wish to attach an air-bag, and at the same time it is attached with much less difficulty than if it were to be slipped over a flange, as is the case with most all other Eustachian catheters.

A comparison of this with other Eustachian catheters is all that is necessary to show the above and all other advantages that are claimed for it.

It is made of pure silver, and kept for sale by Markham & Byington, druggists, corner Fourth and Green streets, Louisville, Kentucky.



THE DANGER OF ISSUING TWO DIPLOMAS, BOTH BLANK.—Under the head of "Notes and Queries" the Philadelphia Med. Times publishes the following:

WASHINGTON, D. C., Feb. 20, 1877.

To the Editor of the Philadelphia Medical Times:

Dear Sir,—Permit me to call your attention to the following correspondence, and to request that it may be published in your journal.

Very respectfully and truly yours,

J. S. BILLINGS,
Surgeon U. S. Army.
[Copy.]

CAMP STAMBAUGH, WY. TER., Feb. 7, 1877.

Surgeon-General U. S. Army, Washington, D. C.:

Sir,—I have the honor to inclose herewith, for the information of the surgeon-general U. S. A., a communication received by me on the 6th inst.

Very respectfully, your obedient servant,

(Signed) CHARLES H. DODGE,
Hospital Steward, U. S. Army.
[Copy.]

BUFFALO, N. Y., January, 1877.

Sir,—Do you want a medical diploma? Some hospital stewards have obtained diplomas through our agency, and are practicing successfully. Many are well qualified, but lack diplomas. The agent, having been a hospital steward during the late war, knows whereof he writes. Fully one fourth of the physicians in the United States have procured their diplomas through our influence.

Through the private agent of a medical college which can not be questioned you are proffered a diploma for the consideration of fifty (\$50) dollars. *No security is given, but the diploma will positively be forwarded by registered mail.*

Send money by registered or ordinary letter at the agent's risk.

A limited number only will be disposed of. If you can not invest, please hand this to one who may. An early reply is particularly requested.

Yours truly, Jos. P. DONNER.
Address 580 Louisiana Street, Buffalo, N. Y.

Selections.

RECENT PROGRESS IN THE TREATMENT OF VENEREAL DISEASES.

Mercurial Baths.—Closely connected with the inunction method of treatment is that by means of the mercurial bath and fumigation. As regards the former, there is no doubt of its efficacy in infantile syphilis, and it is to be recommended in preference to inunction, as equally convenient and decidedly

more pleasant in the case of young children. Ten grains of corrosive sublimate in about a bucketful of warm water serve for one bath. The simple precaution of tying the waist of a flannel skirt around the child's neck and spreading it over the tub will prevent danger from splashing the liquid or conveying it otherwise to the mouth. This bath may be given once or twice a day, and may be kept up until all symptoms of syphilis have disappeared, and for some time longer.

Fumigations do not continue to enjoy the favor which was at first gained for them by the active advocacy of the late Langston Parker and other prominent syphilographers in this country as well as abroad. Heorteloup has recently written on the subject, recommending fumigations (of calomel)—1, administered alone in cases of early ulcerating rashes, mucous patches, etc.; 2, combined with iodide of potassium in cases of later lesions, tubercular, ulcerating pustulo-crustaceous, and deep ecthyma.

When a large number of ulcerative lesions are scattered over the surface, fumigation would seem to be the preferable method, as combining a certain local stimulating effect with the constitutional effect of the mercury. A case has been recently reported in which local fumigation of the leg in obstinate syphilitic ulcer proved of marked benefit. The plan of fumigation is, however, a difficult one to carry out, excepting in a hospital; and so, in spite of numerous modifications for its more convenient use, it seems to be losing rather than gaining favor at the present time.

The indirect treatment of infantile syphilis by means of the breast-milk of the human female under anti-syphilitic treatment, or of the milk of animals to whom specific remedies have been administered, may be considered as still *sub judice*, testimony on the facts being of the most conflicting character. Kahler has made a number of experiments by electrolytic analysis, but has failed to find mercury in the milk, even when inunction was used so thoroughly that existing syphilitic lesions in the woman were being rapidly cured. He admits that in certain cases infants to whom no mercury has been given improve while nursing a mother taking that agent. Klink arrives at conclusions exactly the opposite of those by Kahler. He relates the case of a woman nursing her child while undergoing the inunction treatment, in whom mercury was undoubtedly found after the thirteenth inunction. The child, also syphilitic, was cured. Better methods of analysis than those heretofore employed are necessary to settle the question.

Abortive Treatment of Syphilis.—Two plans of treatment remain to be described, the abortive and the expectant. The hope of cutting off the disease, of averting syphilis at its very beginning, has

always been indulged, and the means suggested to this end have been very numerous. Cauterization with the actual or galvanic cautery, with chemical applications, extirpation, enucleation, etc., may be mentioned. "No one, however," says Sigmund, "who has followed up a number of cases through series of years will have any hope from such measures." Indeed, in the light of our present pathology it seems almost incredible that such should be thought of for a moment. Excision of indurations, however, may be practiced with a view to prevent phymosis, etc., as well as the formation of vulnerable scars, and will often aid in the cure of stubborn local troubles and thus shorten the course of the disease.

The expectant plan of treatment has its advocates, who allege the existence of mild forms of syphilis spontaneously curable, and neither requiring anti-syphilitic treatment nor likely to be benefited thereby. How such cases are to be distinguished with certainty in their earlier stages has not yet been clearly demonstrated; and in this lies the weakness of the theory. Fournier goes into the subject with great thoroughness, and with the most convincing logic shows the burden of proof to lie with the advocates of the expectant plan, and the terrible responsibility which they must bear if their theory should prove without foundation.

Iodine.—It may be observed in the foregoing remarks how little allusion has been made to the treatment of syphilis by iodine, almost all that has been said having relation to the various forms and uses of mercury. This may be explained by the comparatively inferior and limited sphere to which iodine has in recent years been relegated. Within certain limits iodine is invaluable; but these limits seem to be more defined, if somewhat narrower, than formerly.

The chief progress which has been made in the general therapeutics of syphilis during the last ten years has been in the following ways: increased clearness in the views held regarding the period at which the methodical general treatment of syphilis should begin; more certainty in the methods of treating syphilis in pregnant women and in children; greater success in the treatment of gummatous, particularly nervous and visceral, syphilis; more active measures in prophylaxis.

When to begin Treatment.—According to Sigmund, the period at which the general treatment of syphilis should begin has now been decided by extended observations to be the moment at which various symptoms show themselves for the first time at a distance from the point of origin. Jonathan Hutchinson, however, recommends that mercury should be given as soon as the chancre shows any induration; and asserts that under these circumstances many cases never have any secondary symp-

toms. These opinions are not so different as they appear at first glance. If the induration can be established, it is as much a sign of the generalization of the poison, and essentially as distant from the origin of the disease, as if it were at the remotest extremity of the system.

Syphilis during Pregnancy.—In reference to the treatment of syphilis during pregnancy, Sigmund regards inunction as the best method. In his experience many women on whom the papular lesions have already appeared have been cured of these manifestations, and have given birth to living children showing no signs of disease, and continuing to live. Treatment begun after the sixth or seventh month is not so hopeful; but still even this often succeeds, and with proper local treatment none of those accidents which are otherwise so frequent about the genital passages need be looked for. With respect to the treatment of syphilis in children, much may be expected from placing them under the best hygienic conditions. Without this nothing can be hoped from treatment alone. This principle can not be too strongly asserted. Next to the nourishment, which in infants should always be breast-milk, come, in Sigmund's opinion, preparations of the iodide of iron and baths of corrosive sublimate.

Treatment of the Gummata.—The gummatous (tertiary) forms of syphilis have long been treated by iodide of potassium. It is in fact one of the axioms of the French school of dermatology that mercury is to be used in the earlier stages of syphilis, and iodine in the later. Sigmund, however, has within the last year or two treated a series of cases of serpiginous ulcers, gummata of the nose, bones, etc., by inunctions of unguentum hydrargyri. These patients had previously taken enormous doses of iodide of potassium, and had also used mercurial frictions in vain. Sigmund attributes his success in these instances to the careful use of proper hygienic measures, together with the most assiduous local treatment. In extensive suppuration of gummatous ulcers, as well as in cases of diphtheritic exudation upon the external skin, concentrated solutions of sulphate of copper (1:3), carbolic oil (1:6 linseed oil), or paste (4:5 linseed oil and gypsum or chalk) are recommended by Sigmund as local applications. The diseased localities are to be very carefully cleansed and covered up two or three times a day with empl. saponis, empl. hydrarg., $\frac{1}{2}$ part, æq. , in such a way that every portion is touched. As to the mouth, nose, pharynx, etc., they should be thoroughly and frequently cleansed with solutions of carbolic or salicylic acid, permanganate of potassium, and the like, and also penitied with the glyceroles of these substances.

Visceral and Nervous Syphilis.—In the treatment of visceral and nervous syphilis, the combination of hydro-therapeutics and the use of mineral

waters, with the administration of mercurial preparations and iodine, now so general, together with the increased certainty in diagnosis of these affections, renders their cure much more usual than formerly.

Method of giving Mercury.—Finally, with regard to the method of administration of mercury considerable difference of opinion exists; some syphilographers, as Fournier, asserting the advantage of short, interrupted courses of treatment; others, as Sigmund, favoring the continuous exhibition of small doses of this medicine. The latter plan of treatment is supported by the investigations of Keyes upon the blood of syphilitic patients taking mercury. This observer found that minute doses of mercury increase the number of red corpuscles and act as a general tonic upon the system, and that in such doses the drug may be continued indefinitely without losing its beneficial effect.—*A. Van Harlingen in Philadelphia Medical Times.*

Treatment of Puerperal Eclampsia.—Smith Baker, M.D., of Whitesboro, N.Y., in Chicago Medical Journal and Examiner, says:

"At a preliminary examination, to be held from two to four weeks before the expected labor, determine so far as possible whether there be (*a*) hyperæmia; if so, prescribe a low diet, saline cathartics, and potassic bromide thrice daily; (*b*) if there be anaemia, order a good diet, tr. ferri chlor. after meals, and an aperient pill at bed-time, if necessary; (*c*) if œdema or albuminuria exist, these will need the exhibition of tr. ferri chlor. with meals, and potassic iodide between meals and at bed-time; (*d*) headache, malaise, irritability, etc.; for these remove the cause, if possible, and if necessary, give sufficient opiate to effect relief.

"During labor, if convulsions occur, seek out the special conditions of the patient, and act as indicated. A full, strong, bounding pulse, and a bright-colored mucous membrane will require venesection carried to the extent of securing its sedative effect, a half-drachm dose of chloral per mouth or rectum, means for inducing a movement of the bowels, and a free perspiration, relief of the bladder if distended, and the exhibition of chloroform for anticipating and controlling the convulsions. A feeble pulse, pale membranes, and œdema will, as a rule, require or permit an active cathartic only, and chloral and chloroform. If the convulsions recur—unless it be previous to the seventh month, when repeated hypodermic injections of morphine should be given, and the labor left to nature for a longer time—proceed quickly but gently to dilate the os uteri by means of tents and Barnes's dilators, puncture the membranes, excite uterine contractions by means of warm uterine douche and ergot, and deliver as soon as possible.

"After the delivery is accomplished let the uterine

hemorrhage proceed moderately, inject hypodermically one sixth to one quarter grain of morphia, and give broths and stimulants as required; exercise extreme care about the after attentions, as bathing, etc., and prohibit and prevent all disturbances by friends or otherwise.

"In fine, by food, tonics, and stimulants, by purging, bleeding, or sweating, by quietness or delivering, by opium, bromides, chloral, and chloroform, each in its time to suit the peculiar circumstances of individual cases, and guided by judgment unobscured by theories, we may be more successful than hitherto at the bedside of our patients with puerperal eclampsia."

An elegant Disinfectant.—Dr. Jas. I. Tucker, in the Chicago Medical Journal and Examiner, says: "Allow me to call attention to a disinfectant which, being free from disagreeable odor, is an elegant substitute for carbolic acid, chlorine, etc., and may properly supersede them in drawing-rooms, sleeping-rooms, etc., where odor would be objectionable. I refer to a solution of salicylic acid in eau de cologne. In 'cologne' this acid is very soluble; my druggist dissolves thirty-six grains to one fluid ounce. Its antiseptic virtues are well attested. It may be used by means of a spray atomizer upon carpets, curtains, clothing, etc.; and the physician will find it the pleasantest method of disinfecting his clothing to prevent the spread through him of the pestilential diseases which are affecting our city at the present time. Many persons—ladies especially—while traveling in horse-cars and frequenting churches, halls, etc., drop a few drops of a solution of carbolic acid upon their handkerchiefs. It occurred to me that a good substitute would be an ordinary pungent, in which might be dropped some of the salicylic-acid solution. It would certainly be a degree more aesthetic, which is not to be despised in public or private."

Conserve of Roses.—A lady who has resided many years in Syria gives the following recipe: "Cut the roses when in full bloom, and pull out the petals. This can be done for several days until fragrant roses are done blooming. Spread the leaves or stir them up, that they may not mildew. When done gathering them put the rose-leaves into a preserving kettle with a little water, cover them and boil until they are soft and tender, then add sugar and boil till you have a nice syrup, and put away in your fruit cans or in jelly glasses. A tablespoonful of this taken on rising in the morning before eating any thing is regarded by the Syrians as one of the best remedies for indigestion. This delicious preserve or conserve of roses is also passed around on a little silver tray to guests to taste of, and talk about, and praise. Ladies will find it a delightful flavoring for puddings, etc."